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ms.		Application Number	10/620,942		
TRANSMITTAL		Filing Date	July 16, 2003		
FORM		First Named Inventor	W. Stan Wilson et al.		
		Art Unit	3731		
(to be used for all correspondence after initial filing)		Examiner Name	Truong, Kevin Thao		
Total Number of Pages in This Submission	13	Attorney Docket Number	ACS 64849 (1252CC2CC)		

ENCLOSURES (Check all that apply)								
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Ex	mendment/Reply After Final Affidavits/decontention of Time Fixpress Abandonm	Request ent Request		Petition Petition to Convert to a Provisional Application Power of Attorney, Revoc Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table of	ce Address	Return	(Appeal Proprie Status I	inclosure(s) (please Identify
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Firm Name FULWIDER PATTON LEE & UTECHT LLP								
Signature In Way								
Printed name John S. Nagy								
Date				Reg. No.	3	30,664		
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Complete if Known				
Application Number	10/620,942			
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Examiner Name	Truong, Kevin Thao			
Art Unit	3731			
Attorney Docket No.	ACS 64849 (1252CC2CC)			
	Application Number Filing Date First Named Inventor Examiner Name Art Unit			

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METHOD OF PAYME	NT (check all	that apply)					
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 06-2425 Deposit Account Name: Fulwider Patton Lee & Utecht LLP Los Angeles, California							
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FEE CALCULATION		·					-
1. BASIC FILING, SEA	RCH, AND	EXAMINAT	ION FEES				
	FILING F	-	SEARCH			ATION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2 EXCESS CLAIM FE	ES						Small Entity
Fee Description							Fee (\$) Fee (\$)
Each claim over 20 or,							50 25
Each independent claim		r Reissues, e	ach independe	ent clam mor	e than in the	original paten	
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Total Claims -20 or HF	<u>Extra Clair</u> >=	<u>ns</u> <u>Fee (\$</u> x	<u>Fee Paid</u>	<u>d (\$)</u>	Multiple D	<u>Dependent Clair</u> Fee	<u>ns</u> Paid (\$)
HP=highest number of to	•	. •		4 (6)			
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HP=highest number of inc	dependent claim	s paid for, if grea	ater than 3				
3. APPLICATION SIZE	FEE						
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4. OTHER FEES							Fees Paid (\$)
Non-English Speci	fication,	\$130 fee (no	small entity of	liscount)			
Other: Terminal I	Disclaimer						130.00

SUBMITTED BY	0.116				`
Signature	John 1 als	Registration No. (Attorney/Agent)	30,664	Telephone	(310) 824-5555
Name (Print/Type)	John S. Nagy	·		Date	March 1, 2005

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